



Blue ReviewSM

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS

FIRST QUARTER 2023

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Contact Us



Confused about where to go for answers? Use our online Provider contact reference guide to help guide you to the best point of contact for your answer.

<https://www.bcbsmt.com/provider/network-participation/contact-us>

Our *Blue Review* newsletter is produced quarterly for participating professional and institutional providers across all lines of business (commercial and government programs). The newsletter serves as a vehicle to communicate **timely, consistent and relevant messaging** related to:

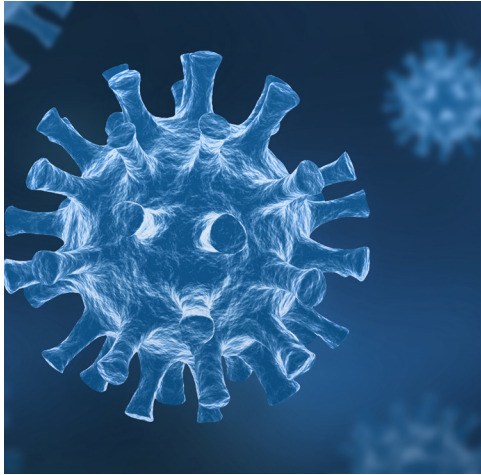
- New products, programs and services available at Blue Cross and Blue Shield of Montana (BCBSMT)
- Notification of changes as required by contract or other mandates
- Member initiatives and patient resources

Blue Review is a quarterly newsletter published for institutional and professional providers contracting with BCBSMT. We encourage you to share the content of this newsletter with your staff. *Blue Review* is located on our website at [bcbsmt.com/provider](https://www.bcbsmt.com/provider).

The editors and staff of *Blue Review* welcome letters to the editor. Address letters to:

BLUE REVIEW

Blue Cross and Blue Shield of Montana
Attn: Jesse Zentz
P.O. Box 4309
Helena, MT 59604
Email: Jesse_Zentz@bcbsmt.com
Website: [bcbsmt.com/provider](https://www.bcbsmt.com/provider)



COVID-19 Coverage

We are closely monitoring activity around the novel coronavirus 2019 (COVID-19). We are committed to helping our members, staff, providers and communities we serve stay informed and assisting those who might be affected. We stand ready to aid doctors, hospitals and federal, state and local public health organizations in serving our members and our communities.

Because this is a rapidly evolving situation, continue to use [Centers for Disease Control](#) guidance on COVID-19, as the CDC has the most up-to-date information and recommendations. In addition, watch for updates on [BCBSMT Provider website's COVID-19 information page](#).

AIM Specialty Health Changes Its Name to Carelon Medical Benefits Management

What's New

AIM Specialty Health® (AIM) has changed its name to Carelon Medical Benefits Management (Carelon) effective March 1, 2023.

Following this change, Blue Cross and Blue Shield of Montana will be making updates on our website to our utilization management page and related resources.

You will notice this name change: Carelon Medical Benefits Management (formerly known as AIM Specialty Health).

What Do I Need to Do

You don't have to do anything. You will continue to follow your normal processes, use the same phone numbers and web addresses, including the [AIM ProviderPortal](#), that you currently use for utilization management with BCBSMT.

For More Information

Learn more about the name change [here](#).

Caring for Substance Use Disorders

Providers can play an important role in talking with our members about the signs of substance use disorder and encouraging them to seek help, if appropriate. We've [created resources](#) for members that may help.

We track **two quality measures related to substance use disorders**:

- [Initiation and Engagement](#) of Substance Use Disorder Treatment (IET)
- [Follow-up after Emergency Department Visit](#) for Substance Use (FUA)

Both are Healthcare Effectiveness Data and Information Set (HEDIS®) measures from the National Committee for Quality Assurance (NCQA).

What IET Measures

IET applies to members ages 13 and older with a new episode of substance use disorder. The measure captures two stages of adequate and timely follow-up treatment:

- **Initiation of treatment**, one treatment within 14 days of the diagnosis
- **Engagement of treatment**, at least two additional treatment sessions within 34 days of the initiation appointment

Treatment may occur in an inpatient, residential, outpatient or telehealth setting or as medication-assisted treatment (MAT). See our [tip sheet](#).

What FUA Measures

FUA applies to members ages 13 and older with a principal diagnosis of substance use disorder during an emergency department (ED) visit. The measure captures rates for follow-up visits for alcohol or other drug abuse or dependence after an ED visit:

- **Within seven days** of the ED visit (eight total days)
- **Within 30 days** of the ED visit (31 total days)

If the first follow-up visit is within seven days after discharge, both rates are counted for this measure. See our [tip sheet](#).

Tips to Consider

- Discuss the importance of timely follow-up visits with our members.
- Use the same diagnosis for substance use at each follow-up.
- Coordinate care between behavioral health and primary care providers. Share progress notes and include the diagnosis for substance use.
- Reach out to members who cancel appointments and help them reschedule as soon as possible.
- For FUA, ED providers can help members schedule an in-person or telehealth follow-up visit within seven days. Send ED discharge paperwork to the appropriate outpatient provider within 24 hours of discharge.



Closing Gaps in Colon Care

Preventive screenings are the most effective way to reduce the risk of colorectal cancer, according to the [Centers for Disease Control and Prevention \(CDC\)](#). The CDC and the [U.S. Preventive Services Task Force \(USPSTF\)](#) recommend that **everyone 45 to 75 years old get a screening**.

Studies show colorectal cancer is becoming more common in [people younger than 50](#). We encourage you to discuss screenings and colon health with our members. We've created resources that may help.

Recommended Screening

USPSTF recommends screening with any of the following tests for adults age 45 to 75:

- Annual guaiac fecal occult blood test (gFOBT)
- Annual fecal immunochemical testing (FIT)
- DNA-FIT every one to three years
- Flexible sigmoidoscopy every five years
- Flexible sigmoidoscopy every 10 years with annual FIT
- Computed tomography (CT) colonography every five years
- Colonoscopy every 10 years

See our [preventive care guidelines](#) for more information about screening. Providers may want to discuss earlier testing with members with a family history of colorectal disease or other risk factors.

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Closing Care Gaps

[Colorectal Cancer Screening](#) is a quality measure developed by the National Committee for Quality Assurance (NCQA) that tracks appropriate screenings. To help close gaps in care, consider these tips:

- In our members' records, document the date a colorectal cancer screening is performed or include the pathology report indicating the type and date of screening.
- Encourage members to stay up-to-date on their screenings as well as all screening options available.
- Reach out to members who cancel screenings and help them reschedule.

Addressing Health Disparities

Black Americans are 20% more likely to get colon cancer than other racial and ethnic groups, and 40% more likely to die from it, according to the [American Cancer Society](#). They also are more likely to develop colon cancer at younger ages. Talk with our members about the **importance of regular screening and the unique risks** Black people may face. See our [Health Equity and Social Determinants of Health](#) page for more information.

Checking Eligibility and Benefits

Check member eligibility and benefits using [Avality® Essentials](#) or your preferred vendor before every scheduled appointment. Eligibility and benefit quotes include members' coverage status and other important information, such as applicable copays, coinsurance and deductibles.

For most of our members, **preventive colorectal cancer screening** is covered **at no cost share**. For **diagnostic tests for colorectal cancer**, our members **may have out-of-pocket costs**. This includes diagnostic tests for members who have signs of health problems or a family history of disease. [Learn more](#).

Some screenings involve a member's **pharmacy benefits** in addition to their medical benefits, such as the prep kit for colonoscopies. For details about pharmacy benefit coverage, call the number on the member's ID card. A member's pharmacy benefit may be managed by a company other than BCBSMT.



Cultural Awareness Webinars: Earn Continuing Education Credit

BCBSMT invites you to sign up for the courses listed below and earn continuing education credit. We're pleased to **offer these webinars at no cost** through Quality Interactions, a separate company that provides cultural awareness training to health care professionals.

Course Offerings

Select the links for course overviews and information on continuing education credits:

- [Recognizing and Responding to Implicit Bias](#) (CME/CEU/CCM/CDE)
- [Cross-Cultural Care in Mental Health and Depression](#) (CME/CEU/CCM/LSW)
- [Culturally Competent Care for the Medicare Population](#) (CME/CEU/CCM)
- [Improving Adherence in Diverse Populations](#) (CME/CEU/CCM/LSW/ACPE)
- [Test Your Skills for Clinicians](#) (option A) (CME/CEU/CCM)
- [Test Your Skills for Clinicians](#) (option B) (CME/CEU)

How to Attend

- Enter your email address and create a password on the [Quality Interactions registration webpage](#).
- Watch your email for a link to your new account profile.
- Complete your profile and enter **Learn2022** as your Org ID.

The courses are self-paced. Find [instructions](#) and get [help online](#).



Delivering Quality Care: Cervical and Breast Cancer Screenings

The new year is an opportunity to remind our members to schedule screenings for cervical cancer and breast cancer. Regular screening tests can detect problems early when they're easier to treat.

Recommended Screenings

The U.S. Preventive Services Task Force recommends:

- Screening all women for [cervical cancer](#) starting at age 21
- Screening women ages 50 to 74 for [breast cancer](#) every two years. You may want to discuss with members the risks and benefits of starting screening mammograms before age 50.

See our [preventive care guidelines](#) for more information.

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Addressing Health Disparities

According to the American Cancer Society:

- Native American and Hispanic women have the highest rates of [cervical cancer](#).
- Black women are more likely to die from [breast](#) and cervical cancer than other racial or ethnic groups. Learn more about [disparities in breast cancer](#).

Other non-medical drivers of health, such as education levels and poverty, are also linked to different health outcomes. See our [Health Equity and Social Determinants of Health](#) page for more information on health equity and how you can help.

Closing Gaps in Care

Cervical Cancer Screening and Breast Cancer Screening are Healthcare Effectiveness Data Information Set (HEDIS®) measures developed by the [National Committee for Quality Assurance \(NCQA\)](#). We track data from HEDIS measures to help assess and improve our members' care.

[Cervical Cancer Screening](#) tracks the following:

- Women ages 21 to 64 who had cervical cytology performed within the last 3 years
- Women ages 30 to 64 who had either:
 - Cervical high-risk human papillomavirus (hrHPV) testing within the last 5 years or
 - Cervical cytology/hrHPV cotesting within the last 5 years

[Breast Cancer Screening](#) assesses the percentage of women ages 50 to 74 who had at least one mammogram in the past two years.

Tips to Consider

- Talk with our members about risk reduction and prevention.
 - We've created resources on [cervical cancer](#) and [breast cancer screening](#) that may help.
 - The Centers for Disease Control and Prevention recommends [human papillomavirus \(HPV\) vaccines](#) for all people up to age 26 to protect against cervical cancers. We have a tip sheet on [coding and documenting for HPV](#) and related cancers.
- Document screenings in the medical record. Indicate the date and result.
- Document medical and surgical history in the medical record, including dates.
- Follow up with members if they miss their appointment and help them reschedule.



Earn Continuing Education Credit through Webinar on Maternal Mental Health

Join us for a webinar, **Maternal Mental Health: Pregnancy and Postpartum**. We will offer it twice:

- **April 3, 2023**, from 7 to 8 a.m. Mountain time. [Register here to attend.](#)
- **April 5, 2023**, from 8 to 9 a.m. Mountain time. [Register here to attend.](#)

Those who attend this introductory training will earn one continuing medical education (CME) credit or continuing education unit (CEU). The webinar is free to providers.

Brooke Parish, M.D., and Anita Stewart, M.D., J.D., M.P.H., F.A.A.P., will provide a high-level overview of maternal mental health. The webinar will focus on:

- Disparities in maternal health care
- Psychiatric disorders during pregnancy and postpartum
- Medications during pregnancy
- Related quality measures
- Follow-up care

Other Continuing Education Credits

Recordings of our previous [behavioral health webinars](#) are available online. [Sign in here](#) (registration required) to watch the webinars and earn CME/CEU credit.



Earn Continuing Education Credit through Webinar on Opioids

Join us for a webinar, **Synthetic Opioids and the Opioid Crisis**. We will offer it twice:

- **April 24, 2023**, from 7 to 8 a.m. Mountain time. [Register here to attend.](#)
- **April 26, 2023**, from 8 to 9 a.m. Mountain time. [Register here to attend.](#)

Those who attend this introductory training will earn one continuing medical education (CME) credit or continuing education unit (CEU). The webinar is free to providers.

Psychiatrist Tom Allen, M.D., and Ben Lawrence, Licensed Professional Counselor-Supervisor, will provide a high-level overview of opioids and the rise in the opioid crisis. The webinar will focus on:

- How opioids have evolved
- Risks of opioid misuse
- Effects of synthetic opioids and health disparities
- Screening tools for opioid use disorder
- Treatment trends and follow-up care

Other Continuing Education Credits

Recordings of our previous [behavioral health webinars](#) are available online. [Sign in here](#) (registration required) to view the webinars and earn CME/CEU credit.



EXL Health Complex Claim Review Paused, Effective Feb. 8

Effective February 8, 2023, BCBSMT paused post-payment review of complex claims through EXL Health to allow time for providers time to adjust billing processes. This pause does not impact BlueCard® claims.

EXL Health began conducting post-payment review of commercial claims on behalf of Blue Cross and Blue Shield of Montana in 2022.

Watch [News and Updates](#) for future program announcements as we will provide a 60-day notice prior to the resumption of post-payment review through EXL Health.

If you have questions, please contact your BCBSMT Network Representative.



Help Close Gaps in Care for Group Medicare Advantage Members

If we need medical records for **Blue Cross Group Medicare Advantage (PPO)SM** members, you will receive requests from BCBSMT or our vendor, Change Healthcare, as part of the Blue Cross and Blue Shield (BCBS) **National Coordination of Care** program. Please respond quickly to our requests, including requests related to risk adjustment gaps and HEDIS measures. [Learn more.](#)

In addition, you may receive requests from EXL Health for select inpatient, diagnosis-related claims. [Learn more.](#)



Hospitals Must Provide Medicare Outpatient Observation Notice

Hospitals and Critical Access Hospitals (CAH) are required to give the standardized Medicare Outpatient Observation Notice (MOON) to our **Blue Cross Medicare AdvantageSM** members who are under outpatient observation for more than 24 hours. **The notice explains why the members aren't inpatients and what their coverage and cost-sharing obligations will be.**

To Complete the MOON

- Download the notice from the [Centers for Medicare and Medicaid Services \(CMS\) website](#).
- Fill in the reason the member is outpatient rather than inpatient.
- Explain the notice verbally to the member if they are in observation more than 24 hours.
- Have the member sign to confirm they received and understand the notice. If the member declines, the staff member who provided the notice must certify that it was presented.
- Document all member communications regarding the MOON process in members' records.

The notice **must be completed no later than 36 hours after observation begins or sooner** if the patient is admitted, transferred or released.

Learn more from [CMS' notice instructions](#).

The information provided here is only intended to be a summary of the law that have been enacted and is not intended to be an exhaustive description of the law or a legal opinion of such law. If you have any questions regarding the law mentioned here, you should consult with your legal advisor.



Monitoring Children Using ADHD Medication

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common behavioral health disorders affecting children, according to the [Centers for Disease Control and Prevention \(CDC\)](#). ADHD medication can help manage symptoms including hyperactivity, impulsiveness and inattention, according to the [CDC](#). The [National Committee for Quality Assurance \(NCQA\)](#) recommends that pediatricians with prescribing authority **monitor children using ADHD medication** to ensure it is prescribed and managed correctly.

Supporting Quality Care

We track the NCQA quality measure [Follow-Up Care for Children Prescribed ADHD Medication](#). This measure captures the percentage of children ages 6 to 12 who had:

- Initiation phase: **One follow-up visit** with a provider with prescribing authority within 30 days of the first prescription
- Continuation and maintenance phase: **Two or more follow-up visits** with a provider in the nine months (270 days) after the initiation phase. The child also remains on the ADHD medication for at least 210 days

Visits for both phases can be by telehealth when appropriate and depending on the member's benefits.

For **tips to close gaps in care** for this measure, see our [tip sheet](#).

More Access for Medicare Patients and Providers

If you're a Medicare provider, you may treat **Blue Cross Group Medicare Advantage Open Access (PPO)SM** and **Blue Cross Medicare Advantage Flex (PPO)SM** members.

You may treat these members regardless of your contract or network status with Blue Cross and Blue Shield of Montana. That means you don't need to participate in BCBSMT Medicare Advantage networks or in any other BCBSMT networks to see these members.

The **only requirements** are that you

- Agree to see the member as a patient
- Accept Medicare assignment, and
- Will submit claims to BCBSMT

Flex and Open Access Advantages

These plans cover the same benefits as Medicare Advantage Parts A and B plus additional benefits per plan. Members' coverage levels are the same inside and outside their plan service area nationwide for covered benefits.

- **Blue Cross Medicare Advantage Flex (PPO)** is available to individuals. It includes medical coverage and prescription drug coverage. It doesn't require member cost share.
- **Blue Cross Group Medicare Advantage Open Access (PPO)** is available to retirees of employer groups. It includes medical coverage and may include prescription drug coverage. Plan members may have to pay deductibles, copays and coinsurance, depending on their benefit plan. Call the number on the member ID card for details.

Referrals aren't required for office visits. Prior authorization may be required for certain services from Medicare Advantage-contracted providers with BCBSMT.

To Identify Members

Look for **Blue Cross Medicare Advantage Flex (PPO)** or **Blue Cross Group Medicare Advantage Open Access (PPO)** on the front of member ID cards. It's always important to check eligibility and benefits before providing care. See [sample member ID cards](#).

For Reimbursement

Follow the billing instructions on the member's ID card. When you see these members, you'll submit the claims to BCBSMT and not Medicare.

- **If you're a Medicare Advantage-contracted provider with any BCBS plan**, you'll be paid your contracted rate. You're required to follow utilization management review requirements and guidelines.
- **If you're a Medicare provider who isn't contracted for Medicare Advantage with any BCBS plan**, you'll be paid the Medicare-allowed amount for covered services. You may not balance bill the member for any difference in your charge and the allowed amount.* You aren't required to follow utilization management guidelines. However, you may request a review to confirm medical necessity.

Questions? Call the number on the member's ID card.

* Blue Cross Group Medicare Advantage Open Access (PPO) members may be responsible for cost share for supplemental dental services from non-contracted Medicare providers. Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Medicare Advantage Flex (PPO) or Blue Cross Group Medicare Advantage Open Access (PPO) members, except in emergency situations.

Verification of eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered.

New BlueApprovR Expedites Some Prior Authorizations — Attend a Training to Learn More

Blue Cross and Blue Shield of Montana is streamlining the prior authorization process to reduce your workload with the launch of **BlueApprovR**. This new tool in Availity Essentials expedites approvals for some behavioral health, specialty pharmacy, and outpatient surgical services for many of our commercial members.

BlueApprovR tool offers End-to-End Efficiencies

Registered Availity Essentials users have free, 24/7 access to BlueApprovR tool to:

- Secure real-time approvals for certain services and begin treatment right away
- Easily attach medical records
- Check approval status and view history of your request

Provider Training

Attend a free instructor-led webinar session to learn how to use BlueApprovR. To register, select your preferred date and time from the list below. Times listed are Mountain Time:

- [Apr. 5, 2023 – 10-11 a.m.](#)
- [Apr. 6, 2023 – 9-10 a.m.](#)
- [Apr. 12, 2023 – 10-11 a.m.](#)
- [Apr. 13, 2023 – 9-10 a.m.](#)
- [Apr. 19, 2023 – 10-11 a.m.](#)
- [Apr. 20, 2023 – 9-10 a.m.](#)
- [Apr. 26, 2023 – 10-11 a.m.](#)
- [Apr. 27, 2023 – 9-10 a.m.](#)

How to Submit Prior Authorization Requests through BlueApprovR via Availity Essentials

- In Availity, select **Payer Spaces** from the navigation menu, then **BCBSMT**.
- On your Payer Spaces page, select the **Applications** tab and click **BlueApprovR**.
- Users will be redirected to **BlueApprovR** to complete the request online.

Other Prior Authorization Request Methods

If you're not a registered Availity user, register today on [Availity.com](#). Otherwise, you may still request prior authorization with BCBSMT by calling the number on the member ID card.

Note: This new tool is currently **not** available for our **Medicare Advantage** or **Healthy Montana Kids** members. Please use your existing process for requesting prior authorization for these members.

Don't forget – always check eligibility and benefits first for BCBSMT members to confirm if prior authorization is required. This step also will alert you if your request must be submitted through a vendor, rather than BCBSMT.

Provider Resources

Learn how to access BlueApprovR with our new [user guide](#).

For More Information

Continue to watch [News and Updates](#) for future program updates, BlueApprovR user guides and training opportunities.

New for 2023: Specialty Pharmacies Added In-Network

We've expanded our specialty pharmacy network to include **Christus Specialty Pharmacy, University Medical Center (UMC)** and **Red Chip**. For our members with Blue Cross and Blue Shield of Montana pharmacy coverage, these are new dispensing options for specialty medications covered under the pharmacy benefit.

Also new for 2023 is access to the IRX network.

Oral oncology changes: Effective March 12, 2023, **Prime Therapeutics** will **transition** its existing oral oncology network to the **IRX network**. Pharmacies currently participating in the oral oncology network have been notified of the change and asked to confirm participation in the IRX network. The transition will be seamless for members and there will be no disruption in care.

Finding a specialty pharmacy: An updated list of our in-network specialty pharmacy vendors is on our [provider website](#). Members can view the specialty network list by logging into their Blue Access for MembersSM or [MyPrime.com](#) accounts.

Pharmacy Details:

- Christus Specialty Pharmacy
 - Added to the oral oncology network
 - Only ships to Texas and Louisiana
- UMC
 - Added to the oral oncology network
 - Does not offer shipping or delivery
- Red Chip
 - Added to the hemophilia network
 - Offers nationwide shipping
- RX
 - A clinically integrated program that allows members to receive their oral oncology and other select medications in their health care provider's clinic or hospital pharmacy
 - The doctor and pharmacist are part of the same team and have direct communication

More information: Call the number on your patient's member ID card to verify coverage, or for more information on your patient's benefits.

Patients in the Qualified Medicare Beneficiary Program Should Not Be Billed

If you participate in Blue Cross Medicare Advantage plans, you may not bill our members enrolled in the Qualified Medicare Beneficiary (QMB) program, a federal Medicare savings program.

QMB patients are dual eligible beneficiaries, which means they are eligible for both Medicare and Medicaid. As a state Medicaid benefit, QMB covers the Medicare Advantage premiums, deductibles, coinsurance and copayments of QMB beneficiaries. **QMB beneficiaries are not responsible for Medicare Advantage cost-sharing, or out-of-pocket costs.**

For services you provide to QMB patients, you must:

- Bill both Medicare Advantage and Medicaid
- Accept Medicare Advantage payments and any Medicaid payments as payment in full

Tips to Avoid Billing QMB Patients

Please ensure that you and your staff are aware of the federal billing law and policies governing QMB. It is against federal law for any Medicare provider to bill QMB patients, whether or not the provider accepts Medicaid. Per your Medicare Provider Agreement, you may be sanctioned if you inappropriately bill QMB patients for Medicare Advantage cost-sharing.

To avoid billing QMB patients, please take these precautions:

- Understand the Medicare Advantage cost-sharing billing process
- Be sure your billing software and staff remove QMB patients from Medicare Advantage cost-sharing billing and related collections efforts

Questions? Call Customer Service at **1-877-774-8592** to learn more about QMB procedures and ways to identify QMB patients. For more details about QMB, see the Centers for Medicare & Medicaid Services [website](#).

The information provided here is only intended to be a summary of the law that has been enacted and is not intended to be an exhaustive description of the law or a legal opinion of such law. If you have any questions regarding the law mentioned here, you should consult with your legal advisor.



Prior Authorization Codes Updated for Commercial Members, Effective July 1, also watch for Medical Oncology Portal Enhancements

What's Changing

Blue Cross and Blue Shield of Montana is changing prior authorization requirements that may apply to some commercial members, to reflect new, replaced or removed codes. These changes are based on updates from utilization management prior authorization assessment, including Current Procedural Terminology (CPT®) code changes released by the American Medical Association or Healthcare Common Procedure Coding System (HCPCS) code changes from the Centers for Medicaid & Medicare Services. A summary of changes is included below.

Important Reminder

Always check eligibility and benefits first through the [Availity](#) Provider Portal or your preferred vendor portal, prior to rendering services. This step will confirm prior authorization requirements and utilization management vendors, if applicable.

Changes include:

- **July 1, 2023** – Addition of Medical Oncology codes to be reviewed by Carelon Medical Benefits Management (Carelon) formerly AIM Specialty Health
- **July 1, 2023** – Addition of Genetic Testing codes to be reviewed by Carelon
- **July 1, 2023** – Addition of Advanced Imaging codes to be reviewed by Carelon
- **July 1, 2023** – Replacement of an Infusion Site of Care drug code to be reviewed by BCBSMT
- **July 1, 2023** – Replacement of an Orthopedic Musculoskeletal code to be reviewed by BCBSMT

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More Information: For a revised list of codes go to the [Predetermination and Preauthorization section](#) of our provider website.

Also, effective May 14, 2023, enhancements to Carelon's [Provider Portal](#) will create an easier intake process for its Medical Oncology program. Register for a free training from Carelon below:

- Tuesday, May 16, 11 a.m. MST [Register for webinar at this link](#)
- Thursday, August 10, 1 p.m. MST [Register for webinar at this link](#)
- Tuesday, November 14, 1 p.m. MST [Register for webinar at this link](#)

Note: Effective April 1, 2023, the prior authorization list will include a link to the medical policy website for review of the specific medical policies associated with the procedure code rather than listing the medical policy number and title for each code. The list will continue to include information on whether prior authorization for the procedure code is managed by BCBSMT or by Carelon.

Prior Authorization Codes Updated for Commercial Members, Effective April 1

What's Changing

Blue Cross and Blue Shield of Montana is changing prior authorization requirements that may apply to some commercial members, to reflect new, replaced or removed codes. These changes are based on updates from Utilization Management prior authorization assessment, Current Procedural Terminology (CPT®) code changes released by the American Medical Association or Healthcare Common Procedure Coding System (HCPCS) code changes from the Centers for Medicaid & Medicare Services. A summary of changes is included below.

Important Reminder

Always check eligibility and benefits first through the [Availity](#) Provider Portal or your preferred vendor portal, prior to rendering services. This step will confirm prior authorization requirements and utilization management vendors, if applicable.

Changes include:

- **April 1, 2023** – addition of Specialty Pharmacy: Site of Care codes to be reviewed by BCBSMT
- **April 1, 2023** – addition of a Medical Oncology code to be reviewed by AIM
- **April 1, 2023** – replacement of Medical Oncology codes to be reviewed by AIM

More Information

For a revised list of codes go to the [Recommended Clinical Review and Preauthorization section](#) of our provider website.

Quality Care: Screening for Depression

Screening patients for depression is an important part of outpatient visits. We created a video about depression screening tools, procedure codes and following up on positive screenings. You can [watch the video here](#).

We encourage you to **talk with our members about [mental health and getting help](#)** if needed. More than half of Americans will be diagnosed with a mental illness or disorder at some point in their lives, according to the [Centers for Disease Control and Prevention](#). Patients often **rely on their primary care providers** for behavioral health care, according to the [American Academy of Family Physicians](#).

Supporting Quality Behavioral Health Care

We track claims data for quality measures to help assess and improve our members' behavioral health care. See our tip sheets to learn more about the following measures and closing gaps in members' care:

[Antidepressant Medication Management](#) (AMM)

AMM captures the percentage of members ages 18 and older with major depression who are **newly treated with antidepressant medication and remain on it**. We track two treatment phases:

- Effective acute treatment phase: Adults who remain on antidepressant medication for at least 84 days (12 weeks)
- Effective continuation treatment phase: Adults who remain on antidepressant medication for at least 180 days (six months)

[Follow-up after Hospitalization for Mental Illness](#) (FUH)

FUH applies to members ages 6 and older who had a follow-up visit with a mental health provider after they were hospitalized for the treatment of mental illness or intentional self-harm. FUH captures the percentage of discharges for which members had a **follow-up visit**:

- Within 30 days of discharge (31 total days)
- Within seven days of discharge (eight total days)

[Follow-up after Emergency Department Visit for Mental Illness](#) (FUM)

FUM captures the percentage of emergency department visits for which members ages 6 and older with a diagnosis of mental illness or intentional self-harm had a **follow-up visit**:

- Within 30 days of the emergency department visit (31 total days)
- Within seven days of the emergency visit (eight total days)

[Diabetes Screening for People With Schizophrenia or Schizoaffect Disorder \(SSD\) or Bipolar Disorder Who Are Using Antipsychotic Medications](#)

SSD tracks the number of people 18 to 64 years old with schizophrenia, schizoaffect disorder or bipolar disorder who were dispensed an antipsychotic medication and had an **annual diabetes screening**.



Screening and Follow-Up Care for Maternal Mental Health

One in seven women experience major depression during pregnancy or the first year after childbirth, according to the [American College of Obstetricians and Gynecologists](#). The rate is higher for women of color. Untreated depression puts women at risk for premature delivery, severe depression and suicide, according to the [National Committee for Quality Assurance](#).

Providers can help our members during and after pregnancy by **screening for depression** using a standard tool, such as the [Patient Health Questionnaire \(PHQ\)-9 or -2](#). OB/GYNs and primary care physicians are encouraged to refer our members for **follow-up care** with a behavioral health care provider, when appropriate.

Recommended Screening

- The U.S. Preventive Services Task Force (USPSTF) recommends screening for depression among [adolescents](#) and [adults, including pregnant and postpartum women](#).
- USPSTF recommends providing or referring individuals who are at increased risk of perinatal depression to [counseling interventions](#).

See our [preventive care guidelines](#).

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Supporting Quality Care

We track two quality measures focused on maternal mental health:

Prenatal Depression Screening and Follow-Up (PND-E) measures the percentage of deliveries in which members:

- Were screened for clinical depression during pregnancy using a standardized instrument, and
- Received follow-up care within 30 days if the screening was positive

Postpartum Depression Screening and Follow-Up (PDS-E) measures the percentage of deliveries in which members:

- Were screened for clinical depression using a standardized instrument during the postpartum period, and
- Received follow-up care within 30 days if the screening was positive

Tips to Close Gaps in Care

- Discuss with our members ways to overcome potential barriers to care, including access to prescribed medications.
- Coordinate care between behavioral health and other health care providers. Consider case management.
- Reach out to members who cancel appointments and help them reschedule as soon as possible.

Earn Continuing Education Credit

Watch a recording of our webinar **Maternal Mental Health: Pregnancy and Postpartum** to earn continuing education credit. [Sign in here](#) (registration required) to access this recording after April 3, 2023. [Recordings of our other behavioral health webinars](#) also are available.



Supporting Heart Health Equity

Social determinants of health can play a [significant role](#) in cardiovascular health, according to the Centers for Disease Control and Prevention (CDC). Social determinants of health are [non-medical factors that influence health outcomes](#). They include the social, economic and physical conditions where people live, learn, work, play, worship and age.

You and your staff may support our members who have risk factors for heart attacks or strokes. We encourage you to **ask our members about their needs** related to social determinants of health, such as issues with transportation or access to healthy food. They may need to be prompted to discuss non-medical issues that impact their health. On the claims you submit to us, you can include [ICD-10 Z codes for social determinants of health](#) so that we can help address barriers.

Why It Matters

Heart disease and stroke are among [the leading causes of death](#) in the U.S., according to the CDC. However, heart disease, stroke and their risk factors [disproportionately affect](#) some populations. According to the American Heart Association:

- [Black adults](#) have higher rates of severe high blood pressure, and it develops earlier in life.
- [Low-income adults](#) are less likely to be screened for cardiovascular disease.
- Adults living in [less walkable neighborhoods](#) have a higher risk of cardiovascular disease.

See our [Health Equity and Social Determinants of Health webpage](#) for more information.

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Other Tips to Close Gaps in Cardiovascular Care

- Talk with our members about **reducing and managing their risks** for heart disease and stroke. This may include taking medications as prescribed, smoking cessation, increasing physical activity and eating a low-sodium diet. We've created [resources](#) for members, including information on [high blood pressure](#) and [cholesterol](#).
- The [U.S. Preventive Services Task Force \(USPSTF\)](#) recommends **blood pressure checks** for adults age 18 and older at every visit. Ensure that screenings and results are documented in our members' electronic medical records. See our [preventive care](#) and [clinical practice guidelines](#) for more information.
- Offer **telehealth services** when available and appropriate for preventive care appointments.
- Encourage members to return for **follow-up visits**. Reach out to those who cancel or miss appointments and help them reschedule as soon as possible.
- For members who need **language assistance**, let them know we offer [help and information in their language](#) at no cost. To speak to an interpreter, members may call the customer service number on their member ID card.

Tracking Our Members' Progress

For the quality measure **Controlling High Blood Pressure**, we measure the percentage of members ages 18 to 85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled. The National Committee for Quality Assurance (NCQA) defines controlling blood pressure as:

- Systolic blood pressure < 140 mmHg
- Diastolic blood pressure < 90 mmHg

We also track **Statin Therapy for Patients with Cardiovascular Disease**. It measures the percentage of male members ages 21 to 75 and female members ages 40 to 75 who:

- Have atherosclerotic cardiovascular disease, and
- Were dispensed at least one high- or moderate-intensity statin medication and remained on the medication for at least 80% of the treatment period

Learn more about [statin therapy recommendations](#).

Survey to Assess Medicare Advantage Members' Experiences

Every year some of our members receive a survey to collect information about their experiences with their health care providers, their Blue Cross Medicare Advantage plans and their prescription drug plans.

The Centers for Medicare & Medicaid Services (CMS) sends the **Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey** to a random sample of our members from **March through June**. Members are asked to rate their last six months of care. If your patients receive a CAHPS survey, **please encourage them to respond**.

Why the CAHPS Survey is Important

The survey identifies opportunities to improve member satisfaction. Results also affect the [Centers for Medicare & Medicaid Services \(CMS\) Star Ratings](#), which rate Medicare Advantage plans on a scale from one to five stars. Our goal is to achieve the highest possible Star rating for our plans. Learn more about the survey from [CMS](#).

How You Can Help

The survey evaluates how our members interact with their health plan and with you, their provider. Here are tips to help improve members' experiences year-round:

Provide needed care quickly and coordinate care with specialists.

- Leave openings for sick visits and urgent appointments
- Discuss how to access telehealth services and after-hours care
- Follow up with members' specialists to ensure continuity of care

Communicate clearly.

- Ask members about their top health concerns
- Keep conversations clear and simple
- Follow up after urgent or emergency care

Keep members healthy.

- Recommend and/or administer the flu shot during flu season
- Educate members on preventive services, chronic conditions and ongoing care
- Let members know whether you offer telehealth services that allow them to access care from home
- Discuss the COVID-19 vaccine
- Screen members for risk factors, like tobacco use, and recommend appropriate lifestyle changes
- Complete and document any health assessments
- Identify and follow up with members who haven't visited in the past year



Update to Current Procedural Terminology (CPT®) Codes for Prior Authorization for Healthy Montana Kids Members, July 1

What's Changing

Blue Cross and Blue Shield of Montana is changing prior authorization requirements for Healthy Montana Kids (HMK) members, to reflect new, replaced or removed codes due to updates from utilization management, prior authorization assessment, Current Procedural Terminology (CPT®) code changes released by the American Medical Association or Healthcare Common Procedure Coding System (HCPCS) code changes from the Centers for Medicaid & Medicare Services.

A summary of changes is included below.

Important Reminder

Always check eligibility and benefits first through the [Availity](#) Provider Portal or your preferred vendor portal, prior to rendering services. This step will confirm prior authorization requirements and utilization management vendors, if applicable.

A summary of changes is included below:

- **July 1, 2023** – Addition of Lab codes to be reviewed by eviCore (HMK)
- **July 1, 2023** – Replacement of an Orthopedic Musculoskeletal code reviewed by BCBSMT (HMK)

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More Information

For a revised list of codes go to the [Recommended Clinical Review and Preauthorization section](#) of our provider website.

Avoid post-service medical necessity reviews and delays in claim processing by obtaining prior authorization before rendering services. If prior authorization is required, services performed without prior authorization or that do not meet medical necessity criteria may be denied for payment and the rendering provider may not seek reimbursement from the member.

Update to Current Procedural Terminology (CPT®) Codes for Prior Authorization for Medicare Members, April 1

What's Changing

Blue Cross and Blue Shield of Montana is changing prior authorization requirements for Medicare and Healthy Montana Kids (HMK) members, to reflect new, replaced or removed codes due to updates from Utilization Management, prior authorization assessment, Current Procedural Terminology (CPT®) code changes released by the American Medical Association or Healthcare Common Procedure Coding System (HCPCS) code changes from the Centers for Medicaid & Medicare Services.

A summary of changes is included below.

Important Reminder

Always check eligibility and benefits first through the [Avality](#) Provider Portal or your preferred vendor portal, prior to rendering services. This step will confirm prior authorization requirements and utilization management vendors, if applicable.

A summary of changes is included below:

- **April 1, 2023** – addition of Lab codes to be reviewed by eviCore (HMK)
- **April 1, 2023** – addition of Radiation Oncology codes to be reviewed by eviCore
- **April 1, 2023** – addition of a Specialty Pharmacy code to be reviewed by BCBSMT

More Information

For a revised list of codes go to the [Recommended Clinical Review and Preauthorization section](#) of our provider website.

Avoid post-service medical necessity reviews and delays in claim processing by obtaining prior authorization before rendering services. If prior authorization is required, services performed without prior authorization or that do not meet medical necessity criteria may be denied for payment and the rendering provider may not seek reimbursement from the member.

Verify Your Directory Details Every 90 Days

As a reminder, the [Consolidated Appropriations Act \(CAA\) of 2021](#) requires that certain directory information be verified every 90 days. It must be verified **every 90 days even if your data hasn't changed since you last verified it.**

Under CAA, we're required to remove providers from [Provider Finder](#)[®] if the information isn't verified.

What to Verify

Verify your name, address, phone, specialty and digital contact information (website) every 90 days. You also must update your information when it changes, including if you join or leave a network. See our [Verify and Update Your Information](#) page on our Provider website.

How to Verify - Professional Providers

- We recommend the [Availity Essentials Provider Data Management feature](#) to quickly verify your information with us and other insurers every 90 days. Availity allows one transaction to verify for multiple insurers. See the [Provider Data Management web page](#) and [User Guide](#) for more details.
- If you're unable to use Availity, use our [Demographic Change Form](#). See our [User Guide](#) on how to verify your data using this form.
- If you haven't verified your data, you may receive email reminders from us. The email has a unique link to verify information.

How to Verify – Professional Provider Groups

Groups can verify individual providers through the [Availity Provider Data Management feature](#) or our [Demographic Change Form](#).

How to Verify – Professional Provider Groups Who Submit Changes by Roster

Medical groups who update their provider information by roster can verify all their providers' information every 90 days with their roster. When you submit a roster, all providers affiliated with this group and not listed with an update **are verified as correct with no changes.**

How to Verify – Acute and Ancillary Facilities

Facilities and ancillary providers may only use the Demographic Change Form to verify information. See our User Guide for more details.

How to Update Your Information – All Facilities and Professional

If you need to change your data, you may continue to use the [Demographic Change Form](#). Professional providers may update some data in [Availity's Provider Data Management feature](#). See our [Verify and Update Your Information page](#) for details. Updating your data **will count as your 90-day** verification.

To enable us to meet the two-day directory update requirement defined by the CAA, we won't accept demographic changes by email, phone or fax. Any demographic updates requested through these channels will be rejected and closed.

Pharmacy Program Quarterly Update — Changes Effective April 1, 2023 – Part 1

Drug List Changes

Based on the availability of new prescription medications and Prime’s National Pharmacy and Therapeutics Committee’s review of changes in the pharmaceuticals market, some revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be made to the BCBSMT drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. **Changes effective on or after April 1, 2023 are outlined below.**

Drug List Updates (Revisions) – As of April 1, 2023

Non-Preferred Brand ¹	Drug Class/ Condition Used for	Preferred Generic Alternative(s) ²	Preferred Brand Alternative(s) ^{1,2}
Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists Revisions			
GILENYA - (fingolimod hcl cap 0.5 mg (base equivalent))	Multiple Sclerosis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
Drug ¹	Drug Class/ Condition Used for	Preferred Generic Alternative(s) ^{1,2}	Preferred Brand Alternative(s) ^{1,2}
Multi-Tier Basic and Multi-Tier Enhanced Drug Lists Revisions			
ISOSORB MONO - (isosorbide mononitrate tab 10 mg)	Angina	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
ISOSORB MONO - (isosorbide mononitrate tab 20 mg)	Angina	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
NP THYROID 15 (thyroid tab 15 mg (1/4 grain))	Hypothyroidism	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
NP THYROID 30 (thyroid tab 30 mg (1/2 grain))	Hypothyroidism	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
Balanced, Performance and Performance Select Drug Lists Revisions			
ISOSORBIDE MONONITRATE (isosorbide mononitrate tab 10 mg, 20 mg)	Angina	isosorbide mononitrate ER tablet, isosorbide dinitrate tablet	
PHENELZINE SULFATE (phenelzine sulfate tab 15 mg) (authorized generic for NARDIL)	Depression	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
VELIVET (desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025 mg-mg)	Contraception	Please talk to your doctor or pharmacist about medication(s) available for your condition.	
Balanced Drug List Revisions			
LANSOPRAZOLE/ AMOXICILLIN/ CLARITHROMYCIN (amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack)	Helicobacter Pylori Infection	amoxicillin tablet, clarithromycin tablet, omeprazole capsule, pantoprazole tablet, Talicia	
ZYCLARA PUMP (imiquimod cream 2.5%)	Actinic Keratosis	imiquimod cream 5%	
Health Insurance Marketplace (HIM) Drug List Revisions			
ISOSORB MONO - (isosorbide mononitrate tab 10 mg, 20 mg)	Angina	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	

NP THYROID - (thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain))	Hypothyroidism	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PREDNISOLONE - (prednisolone soln 15 mg/5 ml)	Inflammatory conditions	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PREDNISOLONE - (prednisolone syrup 15 mg/5 ml (usp solution equivalent))	Inflammatory conditions	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VELIVET - (desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025 mg-mg)	Contraception	Please talk to your doctor or pharmacist about other medication(s) available for your condition.

Drug List Updates (Exclusions) – As of April 1, 2023

Non-Preferred Brand ¹	Drug Class/ Condition Used for	Preferred Generic Alternative(s) ²	Preferred Brand Alternative(s) ^{1,2}
Balanced, Performance and Performance Select Drug Lists Exclusions			
DALIRESP (roflumilast tab 250 mcg, 500 mcg)	Chronic Obstructive Pulmonary Disease (COPD)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
GILENYA (fingolimod hcl cap 0.5 mg (base equivalent))	Multiple Sclerosis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
PRADAXA (dabigatran etexilate mesylate cap 150 mg (etexilate base equivalent))	Thromboembolism/ stroke prophylaxis, DVT/ PE Treatment, DVT/PE Prophylaxis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
TRIMETHOPRIM (trimethoprim tab 100 mg)	Bacterial Infections	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
Performance and Performance Select Drug Lists Exclusions			
ALPRAZOLAM INTENSOL (alprazolam conc 1 mg/ml)	Anxiety	alprazolam tablet, diazepam oral solution, diazepam concentrate oral solution, lorazepam concentrate oral solution	
alprazolam orally disintegrating tab 0.25 mg, 0.5 mg, 1 mg, 2 mg	Anxiety	alprazolam tablet, diazepam oral solution, diazepam concentrate oral solution, lorazepam concentrate oral solution	
dantrolene sodium cap 25 mg, 50 mg, 100 mg	Muscle Spasms	baclofen tablet	
OXYMORPHONE HYDROCHLORIDE ER (oxymorphone hcl tab er 12hr 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg)	Pain	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
SUMATRIPTAN SUCCINATE REFILL (sumatriptan succinate solution cartridge 4 mg/0.5 ml, 6 mg/0.5 ml)	Migraine	sumatriptan succinate solution auto injector	

Balanced Drug Lists Exclusions		
NAPRELAN (naproxen sodium tab er 24hr 750 mg (base equivalent))	Pain/Inflammation	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TIMOPTIC OCUDOSE (timolol maleate preservative free ophth soln 0.25%)	Elevated	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
Performance Select Drug List Exclusions		
HYDROCODONE BITARTRATE ER (hydrocodone bitartrate cap er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg)	Pain	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
ZYCLARA PUMP (imiquimod cream 2.5%)	Actinic Keratosis	imiquimod cream 5%
Health Insurance Marketplace (HIM) Drug List Exclusions		
DALIRESP - (roflumilast tab 250 mcg, 500 mcg)	Chronic Obstructive Pulmonary Disease	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
GILENYA - (fingolimod hcl cap 0.5 mg (base equivalent))	Multiple Sclerosis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PRADAXA - (dabigatran etexilate mesylate cap 150 mg (etexilate base equivalent))	Thromboembolism/ stroke prophylaxis, DVT/ PE Treatment, DVT/PE Prophylaxis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SUMATRIPTAN - (sumatriptan succinate solution catridge 4 mg/0.5 ml, 6 mg/0.5 ml)	Migraine	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TRIMETHOPRIM - (trimethoprim tab 100 mg)	Bacterial Infections	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

1. Third-party brand names are the property of their respective owner.
2. This list is not all inclusive. Other medicines may be available in this drug class.

Dispensing Limit Changes

The BCBSMT prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration (FDA) approved dosage regimens and product labeling. **Changes by drug list are listed on the following charts.**

BCBSMT letters all members with a claim for a drug included in the Dispensing Limit Program, regardless of the prescribed dosage. This means members may receive a letter even though their prescribed dosage doesn't meet or exceed the dispensing limit.

Effective April 1, 2023:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic, Enhanced, Balanced, Performance, Performance Select and Health Insurance Marketplace (HIM) Drug Lists	
Miscellaneous QL	
Metronidazole 1% gel	60 grams per 30 days

Basic, Enhanced and Balanced Drug Lists	
Radicava PAQL	
Radicava ORS (edaravone oral suspension) 105 mg/5 mL	50 mLs per 28 days
Radicava ORS Starter Kit (edaravone oral suspension) 105 mg/5 mL	70 mLs per 180 days
Basic, Enhanced and Balanced Drug Lists	
Radicava PAQL	
Vivjoa (oteseconazole) cap therapy pack 150 mg	18 capsules per 180 days
Hyftor PAQL	
Hyftor (sirolimus) gel 0.2%	7 tubes per 84 days

1. Third-party brand names are the property of their respective owner.
 * Not all members may have been notified due to limited utilization.

Utilization Management Program Changes

Members were notified about the PA standard program changes listed in the tables below.

Drug categories or targets added to current pharmacy PA standard programs, effective April 1, 2023:

Drug Category	Targeted Medication(s) ¹
Basic, Basic Multi-tier, Enhanced, Enhanced Multi-tier, Balanced, Performance, Performance Select and Health Insurance Marketplace (HIM) Drug Lists	
Multiple Sclerosis	Gilenya (fingolimod) 0.5 mg capsule
Radicava	Radicava ORS (edaravone oral suspension) 105 mg/5 mL, Radicava ORS Starter Kit (edaravone oral suspension) 105 mg/5 mL
Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Balanced, Performance and Performance Select Drug Lists	
Antifungals	Vivjoa (oteseconazole) capsule therapy pack 150 mg
Hyftor	Hyftor (sirolimus) gel 0.2%
Zoryve	Zoryve (roflumilast) cream 0.3%
Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Balanced, Performance and Performance Select Drug Lists	
Factor VIII and von Willebrand Factor	Alphanate antihemophilic factor/vwf (human) for injection, Humate-P antihemophilic factor/vwf (human) for injection, Vonvendi von willebrand factor (recombinant) for injection, Wilate antihemophilic factor/vwf (human) for injection
Basic, Basic Multi-tier, Enhanced, Enhanced Multi-tier, Balanced, Performance, Performance Select and Health Insurance Marketplace (HIM) Drug Lists	
Therapeutic Alternatives	Prednisolone tab 5 mg
Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier and Performance Drug Lists	
Supplemental Therapeutic Alternatives	Winlevi (clascoterone) cream 1%

1. Third-party brand names are the property of their respective owner.
 * Not all members may have been notified due to limited utilization.

Other program changes being applied to pharmacy PA or Step Therapy (ST) standard programs include:

Effective Date	Program Name	Description of Change	Drug Lists	Program Type
Feb. 1, 2023	Lyrica CR PAQL	PA program retiring	Basic, Enhanced, 2022 Health Insurance Marketplace (HIM), 2023 HIM, Balanced, Performance, Performance Select	PA
Feb. 1, 2023	GLP-1 (Glucagon-like peptide-1) Agonists PA	New PA program with various target drugs.	2022 HIM, 2023 HIM	PA
March 1, 2023	Kerendia PAQL	New criteria requirements	Basic, Enhanced, 2022 HIM, 2023 HIM, Balanced, Performance, Performance Select	PA
April 1, 2023	Antifungals PAQL	Effective 4/1/23, the Antifungal Agents - Brexafemme (ibrexafungerp), Cresemba (isavuconazonium), Noxafil (posaconazole), Tolsura (itraconazole), Vfend (voriconazole), Vivjoa (oteseconazole) program will change its name to Antifungals.	Basic, Enhanced, 2022 HIM, 2023 HIM, Balanced, Performance, Performance Select	PA
April 1, 2023	Metformin PAQL	The program will change its name from Metformin ER to Metformin. Also, drug targets Riomet IR and metformin tab 625 mg are being moved to this program.	Basic, Enhanced, 2022 HIM, 2023 HIM, Balanced, Performance, Performance Select	PA
April 1, 2023	Multiple Sclerosis PAQL	New criteria requirements	Basic, Enhanced, 2022 HIM, 2023 HIM, Balanced, Performance, Performance Select	Specialty PA
April 1, 2023	Pancreatic Enzymes PAQL	New program with various target drugs. The targets have continuation of therapy in place and members with a drug regimen history will not be impacted.	Basic, Enhanced, Balanced, Performance, Performance Select	PA
April 1, 2023	Thrombopoietin Receptor Agonists and Tavalisse PAQL	Effective 4/1/23, the Thrombopoietin Receptor Agonists program will change its name to Thrombopoietin Receptor Agonists and Tavalisse.	Basic, Enhanced, 2022 HIM, 2023 HIM, Balanced, Performance, Performance Select	Specialty PA
April 1, 2023	Topical Non-Steroidal Anti-Inflammatory Drug STQL	New formularies added to existing ST program	Balanced, Performance Select	ST
April 1, 2023	Hyftor PAQL	New PA program with target Hyftor (sirolimus) gel 0.2%*	Basic, Enhanced, 2022 HIM, 2023 HIM, Balanced, Performance, Performance Select	PA

April 1, 2023	Zoryve PA	New PA program with target Zoryve (roflumilast) cream 0.3%*	Basic, Enhanced, 2022 HIM, 2023 HIM, Balanced, Performance, Performance Select	PA
April 1, 2023	Supplemental Therapeutic Alternatives PAQL	New target Winlevi (clascoterone) cream 1%*	Basic, Enhanced, 2022 HIM, 2023 HIM, Performance	PA
April 1, 2023	Therapeutic Alternatives PAQL	New target Prednisolone tab 5 mg*	Basic, Enhanced, 2022 HIM, 2023 HIM, Balanced, Performance, Performance Select	PA

1. Third-party brand names are the property of their respective owner.
 * Not all members may have been notified due to limited utilization.

Per our usual process of member notification prior to implementation, targeted mailings were sent to members affected by drug list revisions and/or exclusions, dispensing limit and prior authorization program changes. For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our Provider website.

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also visit bcbsmt.com and log in to Blue Access for MembersSM (BAMSM) or [MyPrime.com](https://myprime.com) for a variety of online resources.

Change in Benefit Coverage for Select High Cost Products

Several high cost product with available lower cost alternatives will be excluded on the pharmacy benefit for select drug lists. This change impacts BCBSMT members who have prescription drug benefits administered by Prime Therapeutics. This change is part of an ongoing effort to make sure our members and employer groups have access to safe, cost-effective medications.

Please note: Members were not notified of this change because there is no utilization or the pharmacist can easily fill a member's prescription with the equivalent without needing a new prescription from the doctor. The following drugs are excluded on select drug lists:

Product(s) No Longer Covered ^{1*}	Condition Used For	Covered Alternative(s) ^{1,2}
PRENATAL MULTIVITAMINS & MINERALS W/IRON & FA CAP 0.9 MG (Vita-PAC)	Vitamins	PRENATAL 19, VINATE M, PRENATAL+FE TAB 29-1, TRINATE, SE-NATAL 19

1. All brand names are the property of their respective owners.
 2. This list is not all-inclusive. Other products may be available.
 * This chart applies to members on the Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists.

New Dosages of Statin Drug to be Covered Without Cost Sharing

The United States Preventive Services Task Force (USPSTF) updated its guidance around statin coverage for the prevention of cardiovascular disease. Previously the guidance recommended low-to-moderate doses of statin for preventive use, but the new guidance doesn't specify dosage strength.

To align with the updated recommendation, two new dosage strengths of atorvastatin will be added to the list of statins covered at the preventive level on the Affordable Care Act (ACA) \$0 Preventive Drug List, without member cost sharing:

1. 40 mg atorvastatin
2. 80 mg atorvastatin

This change will go into effect April 1, 2023, for all non-grandfathered ACA-compliant plans, regardless of renewal date.

Pharmacies Added to Specialty Pharmacy Networks

As of January 1, 2023, we have added several new specialty pharmacies into our networks, including those for oral oncology and hemophilia. Members also now have access to the IntegratedRx™ (IRX) oral oncology network.

Christus Specialty Pharmacy, University Medical Center and Red Chip were added to select pharmacy networks/plans effective Jan. 1, 2023. An updated list of BCBSMT's in-network specialty pharmacy vendors is posted on the BCBSMT provider website. Members can also view the specialty vendor list on Blue Access for Members.

Reminder of Split Fill Program Category Expansion

As of Jan. 1, 2023, the Split Fill Program has been expanded to include additional categories beyond oral oncology medications, such as multiple sclerosis and iron toxicity.

BCBSMT offers its members and groups a Split Fill Program to reduce waste and help avoid costs of select specialty medications that may go unused. Members new to therapy (or have not had claims history within the past 120 days for the drug) are provided partial, or "split," prescription fills for up to three months.

The Split Fill Program applies to a specific list of drugs known to have early discontinuation or dose modification. You can view the current list of drugs and find more information on the [Split Fill Program](#) on our Provider website. [A version](#) of this document is also available on our member pharmacy programs section of [bcbsmt.com](https://www.bcbsmt.com).

Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

Pharmacy Program Quarterly Update — Changes Effective April 1, 2023 – Part 2

Update: This article is a continuation of the previously published April Quarterly Pharmacy Changes Part 1 article. The [Part 1](#) article included changes that require member notification — drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates. This Part 2 article contains more recent coverage additions, utilization management updates and any other pharmacy-program updates.

Based on the availability of new prescription medications and Prime’s National Pharmacy[†] and Therapeutics Committee’s review of changes in the pharmaceuticals market, some additions (new to coverage) and/or some coverage tier changes (drugs moved to a lower out-of-pocket payment level) will be made to the BCBSMT drug lists. Both additions effective April 1, 2023, and previous updates are outlined below.

Drug List Coverage Additions – As of April 1, 2023

Drug [†]	Drug Class/Condition Used for
Multi-Tier Basic and Multi-Tier Enhanced Drug Lists	
ALECENSA (alectinib hcl cap 150 mg (base equivalent))	Cancer
ALUNBRIG (brigatinib tab 30 mg, 90 mg, 180 mg)	Cancer
ALUNBRIG (brigatinib tab initiation therapy pack 90 mg & 180 mg)	Cancer
BRUKINSA (zanubrutinib cap 80 mg)	Cancer
CALQUENCE (acalabrutinib cap 100 mg)	Cancer
CALQUENCE (acalabrutinib maleate tab 100 mg)	Cancer
DEXCOM G5 MOBILE TRANSMITTER KIT (continuous blood glucose system transmitter)	Diabetes
DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT (continuous blood glucose system sensor)	Diabetes
DEXCOM G5 RECEIVER KIT (continuous blood glucose system receiver)	Diabetes
DEXCOM G5 MOBILE RECEIVER KIT (continuous blood glucose system receiver)	Diabetes
DEXCOM G6 SENSOR (continuous blood glucose system sensor)	Diabetes
DEXCOM G6 TRANSMITTER (continuous blood glucose system transmitter)	Diabetes
DEXCOM G7 RECEIVER (continuous blood glucose system receiver)	Diabetes
DEXCOM G7 SENSOR (continuous blood glucose system sensor)	Diabetes
ETOPOSIDE (etoposide cap 50 mg)	Cancer
GENOTROPIN (somatropin for subcutaneous inj cartridge 12 mg (36 unit))	Growth Hormone Deficiency, Prader-Willi syndrome, Small for Gestational Age, Turner syndrome, Idiopathic Short Stature
GENOTROPIN (somatropin for subcutaneous inj cartridge 5 mg)	Growth Hormone Deficiency, Prader-Willi syndrome, Small for Gestational Age, Turner syndrome, Idiopathic Short Stature
GENOTROPIN MINIQUICK (somatropin for subcutaneous inj prefilled syr 0.2 mg, 0.4 mg, 0.6 mg, 0.8 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg, 2 mg)	Growth Hormone Deficiency, Prader-Willi syndrome, Small for Gestational Age, Turner syndrome, Idiopathic Short Stature
GLEOSTINE (lomustine cap 10 mg, 40 mg, 100 mg)	Cancer

MATULANE (procarbazine hcl cap 50 mg)	Cancer
TAGRISO (osimertinib mesylate tab 40 mg, 80 mg (base equivalent))	Diabetes
TAGRISO (osimertinib mesylate tab 40 mg, 80 mg (base equivalent))	Cancer
Balanced Drug List	
DEXCOM G7 RECEIVER (continuous blood glucose system receiver)	Diabetes
DEXCOM G7 SENSOR (continuous blood glucose system sensor)	Diabetes
ENTADFI (finasteride-tadalafil cap 5-5 mg)	Benign Prostatic Hyperplasia
HYFTOR (sirolimus gel 0.2%)	Facial Angiofibroma, tuberous sclerosis associated
KYZATREX (testosterone undecanoate cap 100 mg, 150 mg, 200 mg)	Testosterone Replacement - Males
MOUNJARO (tirzepatide soln pen-injector 10 mg/0.5 ml, 12.5 mg/0.5 ml, 15 mg/0.5 ml, 2.5 mg/0.5 ml, 5 mg/0.5 ml, 7.5 mg/0.5 ml)	Diabetes
RYALTRIS (olopatadine hcl-mometasone furoate nasal susp 665-25 mcg/act)	Seasonal Allergic Rhinitis
VIVJOA (oteseconazole cap therapy pack 150 mg (12 weeks))	Vulvovaginal Candidiasis
Balanced Drug List	
DEXCOM G7 RECEIVER (continuous blood glucose system receiver)	Diabetes
DEXCOM G7 SENSOR (continuous blood glucose system sensor)	Diabetes
HYFTOR (sirolimus gel 0.2%)	Facial Angiofibroma, tuberous sclerosis associated
MOUNJARO (tirzepatide soln pen-injector 10 mg/0.5 ml, 12.5 mg/0.5 ml, 15 mg/0.5 ml, 2.5 mg/0.5 ml, 5 mg/0.5 ml, 7.5 mg/0.5 ml)	Diabetes
Performance Select Drug List	
DEXCOM G7 RECEIVER (continuous blood glucose system receiver)	Diabetes
DEXCOM G7 SENSOR (continuous blood glucose system sensor)	Diabetes
HYFTOR (sirolimus gel 0.2%)	Facial Angiofibroma, tuberous sclerosis associated
MOUNJARO (tirzepatide soln pen-injector 10 mg/0.5 ml, 12.5 mg/0.5 ml, 15 mg/0.5 ml, 2.5 mg/0.5 ml, 5 mg/0.5 ml, 7.5 mg/0.5 ml)	Diabetes

1. Third-party brand names are the property of their respective owner.

Other Drug-List Additions

Most additions to the drug list become effective quarterly, however, some drugs are added as part of formulary maintenance (e.g., new strength of covered drug) or re-evaluated during the quarter and are added to the list then. Those drugs are listed below.

Drug ¹	Drug Class/Condition Used for	Effective Date
Balanced Drug List		
ADTHYZA (thyroid tab 16.25 mg, 32.5 mg, 65 mg, 97.5 mg, 130 mg)	Hypothyroidism	2/19/23
ATROPINE SULFATE (atropine sulfate ophth soln 1%)	Amblyopia/Cycloplegia	1/22/23
brimonidine tartrate gel 0.33% (base equivalent)	Rosacea	1/8/23
BUTALBITAL/ACETAMINOPHEN (butalbital-acetaminophen tab 25-325 mg)	Tension Headache	1/1/23

CORTISONE ACETATE (cortisone acetate tab 25 mg)	Anti-inflammatory	1/29/23
COVID-19 AT-HOME TEST KIT (covid-19 at home antigen test kit)	COVID-19 Test	2/5/23
dexlansoprazole cap delayed release 30 mg, 60 mg	Gastroesophageal Reflux Disease (GERD)	1/29/23
dichlorphenamide tab 50 mg	Primary Periodic Paralysis	1/22/23
DICLOFENAC EPOLAMINE (diclofenac epolamine patch 1.3%)	Pain	1/1/23
estradiol valerate IM in oil 10 mg/ml	Menopausal vasomotor symptoms	1/22/23
GENOTROPIN (somatropin for subcutaneous inj cartridge 12 mg (36 unit))	Growth Hormone Deficiency, Prader-Willi syndrome, Small for Gestational Age, Turner syndrome, Idiopathic Short Stature	1/13/23
GENOTROPIN (somatropin for subcutaneous inj cartridge 5 mg.)	Growth Hormone Deficiency, Prader-Willi syndrome, Small for Gestational Age, Turner syndrome, Idiopathic Short Stature	1/13/23
GENOTROPIN MINIQUICK (somatropin for subcutaneous inj prefilled syr 0.2 mg, 0.4 mg, 0.6 mg, 0.8 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg, 2 mg)	Growth Hormone Deficiency, Prader-Willi syndrome, Small for Gestational Age, Turner syndrome, Idiopathic Short Stature	1/13/23
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg	Bipolar Major Depression/ Schizophrenia	1/29/23
MENEST (esterified estrogens tab 2.5 mg)	Menopausal vasomotor symptoms	1/31/23
OXBRYTA (voxelotor tab 300 mg)	Sickle Cell Disease	1/1/23
pirfenidone cap 267 mg	Idiopathic Pulmonary Fibrosis	1/15/23
REBINYN (coagulation factor ix recomb glycopegylated for inj 3000 unit)	Hemophilia B	2/19/23
ROTARIX (rotavirus vaccine, live oral susp)	Rotavirus Vaccine	2/5/23
SODIUM OXYBATE (sodium oxybate oral solution 500 mg/ml)	Narcolepsy	1/15/23
TAKHZYRO (lanadelumab-flyo soln pref syringe 150 mg/ml)	Hereditary Angioedema	2/19/23
tasimelteon capsule 20 mg	Sleep Disorders	1/1/23
testosterone cypionate IM inj in oil 200 mg/ml	Hypogonadism	1/1/23
topiramate cap er 24hr 25 mg, 50 mg, 100 mg	Epilepsy, Migraine	1/8/23
TRAMADOL HYDROCHLORIDE (tramadol hcl oral soln 5 mg/ml)	Pain	1/29/23
VTAMA (tapinarof cream 1%)	Plaque Psoriasis	2/1/23
Performance Drug Lists		
ADTHYZA (thyroid tab 16.25 mg, 32.5 mg, 65 mg, 97.5 mg, 130 mg)	Hypothyroidism	2/19/23
brimonidine tartrate gel 0.33% (base equivalent)	Rosacea	1/8/23
COVID-19 AT-HOME TEST KIT (covid-19 at home antigen test kit)	Covid-19 Test	2/5/23
estradiol valerate IM in oil 10 mg/ml	Menopausal vasomotor symptoms	1/22/23

GENOTROPIN (somatropin for subcutaneous inj cartridge 12 mg (36 unit))	Growth Hormone Deficiency, Prader-Willi syndrome, Small for Gestational Age, Turner syndrome, Idiopathic Short Stature	1/13/23
GENOTROPIN (somatropin for subcutaneous inj cartridge 5 mg.)	Growth Hormone Deficiency, Prader-Willi syndrome, Small for Gestational Age, Turner syndrome, Idiopathic Short Stature	1/13/23
GENOTROPIN MINIQUICK (somatropin for subcutaneous inj prefilled syr 0.2 mg, 0.4 mg, 0.6 mg, 0.8 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg, 2 mg)	Growth Hormone Deficiency, Prader-Willi syndrome, Small for Gestational Age, Turner syndrome, Idiopathic Short Stature	1/13/23
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg	Bipolar Major Depression/ Schizophrenia	1/29/23
MENEST (esterified estrogens tab 2.5 mg)	Menopausal vasomotor symptoms	1/31/23
OXBRYTA (voxelotor tab 300 mg)	Sickle Cell Disease	1/1/23
pirfenidone cap 267 mg	Idiopathic Pulmonary Fibrosis	1/15/23
REBINYN (coagulation factor ix recomb glycopegylated for inj 3000 unit)	Hemophilia B	2/19/23
ROTARIX (rotavirus vaccine, live oral susp)	Rotavirus Vaccine	2/5/23
SODIUM OXYBATE (sodium oxybate oral solution 500 mg/ml)	Narcolepsy	1/15/23
TAKHZYRO (lanadelumab-flyo soln pref syringe 150 mg/ml)	Hereditary Angioedema	2/19/23
tasimelteon capsule 20 mg	Sleep Disorders	1/1/23
topiramate cap er 24hr 25 mg, 50 mg, 100 mg	Epilepsy, Migraine	1/8/23+
Performance Select Drug Lists		
adapalene-benzoyl peroxide gel 0.3-2.5%	Acne	1/1/23
ADTHYZA (thyroid tab 16.25 mg, 32.5 mg, 65 mg, 97.5 mg, 130 mg)	Hypothyroidism	2/19/23
ATROPINE SULFATE (atropine sulfate ophth soln 1%)	Amblyopia/Cycloplegia	1/22/23
brimonidine tartrate gel 0.33% (base equivalent)	Rosacea	1/8/23
COVID-19 AT-HOME TEST KIT (covid-19 at home antigen test kit)	COVID-19 Test	2/5/23
dexlansoprazole cap delayed release 30 mg, 60 mg	Gastroesophageal Reflux Disease (GERD)	1/29/23
estradiol valerate IM in oil 10 mg/ml	Menopausal vasomotor symptoms	1/22/23
GENOTROPIN (somatropin for subcutaneous inj cartridge 12 mg (36 unit))	Growth Hormone Deficiency, Prader-Willi syndrome, Small for Gestational Age, Turner syndrome, Idiopathic Short Stature	1/13/23
GENOTROPIN (somatropin for subcutaneous inj cartridge 5 mg.)	Growth Hormone Deficiency, Prader-Willi syndrome, Small for Gestational Age, Turner syndrome, Idiopathic Short Stature	1/13/23

GENOTROPIN MINIQUICK (somatropin for subcutaneous inj prefilled syr 0.2 mg, 0.4 mg, 0.6 mg, 0.8 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg, 2 mg)	Growth Hormone Deficiency, Prader-Willi syndrome, Small for Gestational Age, Turner syndrome, Idiopathic Short Stature	1/13/23
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg	Bipolar Major Depression/ Schizophrenia	1/29/23
MENEST (esterified estrogens tab 2.5 mg)	Menopausal vasomotor symptoms	1/31/23
OXBRYTA (voxelotor tab 300 mg)	Sickle Cell Disease	1/1/23
pirfenidone cap 267 mg	Idiopathic Pulmonary Fibrosis	1/15/23
REBINYN (coagulation factor ix recomb glycopegylated for inj 3000 unit)	Hemophilia B	2/19/23
ROTARIX (rotavirus vaccine, live oral susp)	Rotavirus Vaccine	2/5/23
SODIUM OXYBATE (sodium oxybate oral solution 500 mg/ml)	Narcolepsy	1/15/23
TAKHZYRO (lanadelumab-flyo soln pref syringe 150 mg/ml)	Hereditary Angioedema	2/19/23
tasimelteon capsule 20 mg	Sleep Disorders	1/1/23
testosterone cypionate IM inj in oil 200 mg/ml	Hypogonadism	1/1/23
topiramate cap er 24hr 25 mg, 50 mg, 100 mg	Epilepsy, Migraine	1/8/23
VTAMA (tapinarof cream 1%)	Plaque Psoriasis	2/1/23

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Drug List Changes – Tier Changes (Effective April 1, 2023)

Drug ^{1*}	New Lower Tier	Drug Class/Condition
BRUKINSA (zanubrutinib cap 80 mg)	Preferred Brand	Cancer
CALQUENCE (acalabrutinib cap 100 mg)	Preferred Brand	Cancer
CALQUENCE (acalabrutinib maleate tab 100 mg)	Preferred Brand	Cancer

Dispensing Limit Changes

BCBSMT's prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration (FDA) approved dosage regimens and product labeling. New dispensing limits and effective dates are listed on the chart below.

Drug Class and Medication(s) ¹	New Dispensing Limit	Effective Date
Basic, Enhanced, Balanced, Performance, Performance Select and Health Insurance Marketplace (HIM) Drug Lists		
D.H.E. 45 Dihydroergotamine Mesylate Inj 1 mg/ mL	24 ampules for 28 days	1/15/2023
Dulera 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	3 inhalers per 30 days	4/15/2023
Lucemyra 0.18mg tab	N/A - Termed	3/15/2023
Lyrica CR 82.5 mg tab, 165 mg tab, 330mg tab	N/A - Termed	2/1/2023
Sucraid Sacrosidase soln 8500 unit/mL	300 mL per 30 days	1/15/2023
Symbicort 80 mcg/act, 160 mcg/act	3 inhalers per 30 days	4/15/2023

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Standard Utilization Management (UM) Program Package Changes

The following programs have changes effective this quarter.

- Lyrica CR PAQL program was retired Feb. 1, 2023.
- Mounjaro was added as preferred drug to the GLP-1 Agonists PA program effective Jan. 1, 2023.
- Nizatidine and Riomet ER oral solution were removed from the Alternative Dosage PA program effective April 1, 2023. Riomet oral solution was moved to the Metformin PAQL program.
- The Growth Hormone program will include Genotropin as a co-preferred agent effective May 1, 2023.

Please Note: The PA programs for standard pharmacy benefit plans correlate to a member's drug list. Not all standard PA programs may apply, based on the member's current drug list. A list of PA programs per drug list is posted on the member pharmacy programs section of [bcbsmt.com](https://www.bcbsmt.com).

QL Increased on Initial Opioid Prescription for Members 19 Years Old and Younger

Effective Apr. 15, 2023, BCBSMT's Appropriate Use of Opioids program is increasing quantity limits of immediate-release (IR) opioids for members 19 years and younger in response to updated CDC guidelines. This increase only applies to the first prescription and is for members who are "opioid naïve"—those who have not filled an IR opioid prescription within the past 60 days.

Prescribers can now issue a seven-day supply rather than the former three-day supply. This is reversing a previous change that went into effect Jan. 1, 2022.

- Members with an oncology or sickle cell medication on hand in the past 90 days per pharmacy claims will not be subject to the day supply limit.
- All ages will have a 7-day supply limit on an initial fill of an immediate-release opioid medication.

Genotropin® Added as a Preferred Brand to All Formularies

Due to shortages of the preferred drug Norditropin®, Genotropin® has been added to the preferred brand formularies effective, 1/13/2023. Both Norditropin® and Genotropin® will be covered as preferred-brand options.

New Dosages of Statin Drug to be Covered Without Cost Sharing

The United States Preventive Services Task Force (USPSTF) updated its guidance around statin coverage for the prevention of cardiovascular disease. Previously the guidance recommended low-to-moderate doses of statin for preventive use, but the new guidance doesn't specify dosage strength.

To align with the updated recommendation, the following two new dosage strengths of atorvastatin will be added to the list of statins covered at the preventive level on the Affordable Care Act (ACA) \$0 Preventive Drug List without member cost sharing.

1. 40 mg atorvastatin
2. 80 mg atorvastatin

This change will go into effect April 1, 2023, for all non-grandfathered ACA-compliant plans, regardless of renewal date.

Pharmacies Added to Specialty Pharmacy Networks

We have added several new specialty pharmacies into our 2023 specialty pharmacy networks, including those for oral oncology and hemophilia. Members also now have access to the IntegratedRx™ (IRX) oral oncology and cystic fibrosis networks.

IRX is a clinically integrated program that allows members to receive their oral oncology or cystic fibrosis prescriptions, as well as other select medications, in their health care provider's clinic or hospital pharmacy.

Christus Specialty Pharmacy, University Medical Center and Red Chip were added to specialty pharmacy networks effective Jan. 1, 2023. An updated list of BCBSMT's in-network specialty pharmacy vendors is also posted on the BCBSMT provider website. Members can also view the specialty vendor list on Blue Access for Members or [MyPrime.com](https://www.myprime.com).

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AIM Specialty Health (AIM) is an independent company that has contracted with BCBSMT to provide utilization management services for members with coverage through BCBSMT.

Availity is a trademark of Availity, L.L.C., a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSMT.

BCBSMT contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. BCBSMT, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. MyPrime.com is an online resource offered by Prime Therapeutics.

CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Checking eligibility and/or benefit information and/or obtaining prior authorization is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage, including, but not limited to, exclusions and limitations applicable on the date services were rendered. If you have any questions, call the number on the member's ID card.

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eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for BCBSMT.

Physicians, nurses, physician assistants, physical and occupational therapists, and psychologists can use AOA Cat 1-4 credit toward licensure. Social workers and mental health counselors (LPC, LCPC, LPCC) can use the Social Work CEU credit toward licensure.

Quality Interactions is a separate company that provides cultural competency training to health care professionals. BCBSMT makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer.

Social Work CEUs Approved by NASW-NM. The Licensee must maintain proof of continuing education courses taken for the past four (4) years. The New Mexico Regulations and Licensing Department, Boards and Commissions, Social Work Licensing Board reserves the right to audit a licensee's continuing education records as it deems necessary. This event has been approved for a total of 1 CEU.

The vendors are solely responsible for the products or services they offer. If you have any questions regarding any of the products or services they offer, you should contact the vendor(s) directly.

The material provided is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their member contract or member guide for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

This information is for informational purposes only and is not a substitute for the sound medical judgment of a provider. Members are encouraged to talk to their provider if they have any questions or concerns regarding their health.

The relationship between BCBSMT and the specialty pharmacies is that of independent contractors.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Members should refer to their member contract or member guide for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

The New Mexico Osteopathic Medical Association (NMOMA) is accredited by the American Osteopathic Association to provide osteopathic continuing medical education for physicians. NMOMA designates this program for a maximum of 1 AOA Category 1-A credit and will report CME and specialty credits commensurate with the extent of the physician's participation.

EXL Health is an independent company that has contracted with BCBSMT to provide medical claim audits for members with coverage through BCBSMT.

BCBSMT makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Carelon Medical Benefits Management (formerly AIM Specialty Health) is an independent company that has contracted with BCBSMT to provide utilization management services for members with coverage through BCBSMT. BCBSMT makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer.

Checking eligibility and/or benefit information and/or obtaining prior authorization is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage, including, but not limited to, exclusions and limitations applicable on the date services were rendered. If you have any questions, call the number on the member's ID card.

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